

**FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT**

No person may initiate a land-disturbing activity on one or more acres as covered by the Act before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Land Quality Section, N.C. Department of Environment, Health and Natural Resources. (Please type or print and, if question is not applicable, place N/A in the blank).

Part A.

1. Project Name _____
2. Location of land-disturbing activity: County _____
City or Township _____, and Highway/Street _____
3. Approximate date that land-disturbing activity will be commenced: _____
4. Purpose of development (residential, commercial, industrial, etc.) _____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____
6. Amount of fee enclosed \$ _____
7. Has an erosion and sedimentation plan been filed? Yes _____ No _____
Enclosed _____
8. Person to contact should sediment control issues arise during land-disturbing activity.
Name _____ Telephone _____
9. Landowner(s) of Record (Use blank page to list additional owners):

Name(s) _____

Current Mailing Address _____ Current Street Address _____

City State Zip City State Zip
10. Recorded in Deed Book No. _____ Page No. _____

Part B.

1. Person(s) or firm(s) who are financially responsible for this land-disturbing activity (Use a blank sheet to list additional persons or firms):

Name(s) _____

Current Mailing Address _____ Current Street Address _____

City State Zip City State Zip

Telephone _____ Telephone _____

2. (a) If the Financially Responsible Party is not a resident of North Carolina give name and street address of a North Carolina Agent.

Name

Current Mailing Address

City State Zip

Telephone

Current Street Address

City State Zip

Telephone

(b) If the Financially Responsible Party is a Partnership or other person engaging business under and assumed name, attach a copy of the certificate of assumed name. If the Financially Responsible Party is a Corporation, give name and street address of Registered Agent.

Name of Registered Agent

Current Mailing Address

City State Zip

Telephone

Current Street Address

City State Zip

Telephone

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. (This form must be signed by the financially responsible person if an individual or his attorney-in-fact or if not an individual, an officer, director, partner or registered agent with authority to execute instruments for the financially responsible person). I agree to provide corrected information should there be any change in the information provided herein.

Type or print name

Title or Authority

Signature

Date

I, _____, A Notary Public of the County of _____
State of North Carolina, hereby certify that _____
appeared personally before me this day and being duly sworn acknowledged that the
above form was executed by him.

Witness my hand and notarial seal, this _____ day of _____, 20____

Seal

Notary

My commission expires _____